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### **Review of *Homelessness, Housing, and Mental Illness: Broadening our Understanding of Wellness*. Russell K. Schutt with Stephen M. Goldfinger. Reviewed by Geoffrey Nelson.**

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Russell K. Schutt with Stephen M. Goldfinger, *Homelessness, Housing, and Mental Illness: Broadening our Understanding of Wellness*. (2011). Harvard University Press. \$49.95 (hardcover).

Following Congressional reauthorization of the McKinney Homelessness Act in 1990, the U.S. National Institute of Mental Health funded six projects in five cities to address the needs of people who are homeless and mentally ill. This book describes in depth the Boston McKinney project, which was a randomized controlled trial that compared the impacts of independent living (IL or supported housing) and evolving consumer households (ECH or supportive group housing) on participants at six, 12, and 18 months, and at a longer-term follow-up.

Chapters 1-3 of the book provide background on the project, a review of sociological theories of community and how these theories relate to the ECH, and a brief historical review of mental health services and homelessness. Chapter 4 examines consumer preferences and clinician recommendations for housing for the participants. Chapters 5-8 and 10 focus on different outcome domains: social relations, substance abuse, mental illness, community functioning, and housing loss. Chapter 9 examines the process of empowerment in the ECH, and the final chapter (10) returns to the issue of community process as it relates to the project findings. There is also an appendix that provides a detailed description of the research methods used in the study.

The outcomes, costs, and many other facets of this project have been described previously in numerous journal articles (e.g., Goldfinger et al., 1999). Given this, readers will want to know what new information is provided in this book. First, extensive qualitative, ethnographic field notes are included in Chapters 5-8 and 10 to understand the ECH. Second, post-project archival data on housing loss were available for some participants up to 18 years later. Third, the project findings and the theoretical framework guiding the project are presented in more detail.

Currently, Housing First, an IL approach, has gained a great deal of currency in the field in the U.S. and elsewhere (Tsemberis & Eisenberg, 2000). The research reported in

this book challenges the Housing First model. First, African Americans in IL spent more days homeless than their counterparts in evolving consumer households. The research shows that 45% of those assigned to IL experienced some nights homeless, compared to 18% of those in ECH. Second, at baseline only 12% of participants clearly expressed preferences for ECH over IL. In contrast, two project clinicians indicated that less than 60% of consumers should live in ECH. Also, by the 18-month follow-up, 28% of those in ECH and 21% of those in IL indicated a preference for ECH. Third, consumer preferences for IL, coupled with clinician recommendations for ECH, predicted an increased risk of homelessness. These findings challenge the prevailing wisdom of Housing First.

Nevertheless, there are several limitations to the research reported in the book that should temper any conclusions about the superiority of ECH over IL. Over the 18 months of the project, both groups experienced high rates of housing stability, and there were few significant differences between the two types of housing on other outcomes. Moreover, Dickey, Latimer, Powers, Gonzalez, and Goldfinger (1997) reported that the costs of ECH were significantly higher than for IL. The small sample sizes and multiple statistical tests with no control for familywise error rate are problematic. Finally, the ethnographic description revealed considerable problems in the ECH, including escalating substance abuse, conflict among residents, conflict between residents and staff, and challenges in implementing an empowerment approach to working with residents.

In spite of these limitations, community mental health researchers will find this book valuable. It is well-written, well-researched, and offers a fresh perspective on the potential value of ECH for this populations. Hats off to Professor Schutt for putting this book together for the community of researchers, professionals, and consumers who are working to improve the lives and social conditions of this marginalized population.

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